

Part I – Education and Work Experience

Before proceeding, please gather the following information:

1. High School and Secondary Information
 - a. Address
 - b. Dates attended
 - c. School reference & phone number
2. Job Experience for past 10 years
 - a. Dates employed
 - b. Supervisor name
 - c. Employer name and address
 - d. Duties
 - e. Wage

Instructions: Please complete the following form, print when completed, and sign the document. Your computer must be connected to a printer.

If you do not have access to a computer with a printer, please contact Eric Hildebrandt by [email](#) or by calling 605.773.3169.

SOUTH DAKOTA DIVISION OF CRIMINAL INVESTIGATION
SPECIAL AGENT I - PERSONAL DATA QUESTIONNAIRE – Part I of IV
Personal – Education - Experience

INSTRUCTIONS

Please fill out this questionnaire completely and accurately. All statements in this questionnaire are subject to verification and may be used in polygraph testing. If more space is needed, add another page and identify additional information by question and page number. Please complete online or print in black ink.

PERSONAL

1. Full Name:

First

Middle

Last

List any other name(s) you have used or have been known by and give the reasons for the change(s).

2. Email address:

3. Social Security No:

4. Address

PO Box or Street

City

State

Zip Code

5. Telephone

Home:

Work:

6. Law Enforcement Civil Service Rules require that an applicant be at least 21 years of age at time of hire.

Date of Birth

Place of Birth

7. Weight lbs. Height feet inches

8. Do you wear prescription eyeglasses or contact lenses? ☐ Yes ☐ No

9. Do you understand that your vision cannot be worse than 20/100 in both eyes uncorrected? ☐ Yes ☐ No

10. South Dakota Law Enforcement Civil Service Rules require all Law Enforcement Officers to be U.S. citizens.

Are you a United States Citizen? ☐ Yes ☐ No

EDUCATION

1. Do you possess a high school diploma or its equivalent? ☐ Yes ☐ No

2. Please indicate below all the schools you attended beginning with high school and include a reference for each school. During your background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be conducted in conjunction with those contacts.

<i>Name of School</i>	<i>Location of School (Address, City, and State)</i>	<i>Dates Attended</i>	<i>School Reference</i>	<i>Degree (if any)</i>

3. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include two- and four-year colleges, universities, and business and vocational schools – any formal education beyond the high school level.)

☐ Yes ☐ No

If you answered "YES," please give details (include school, date, and circumstances):

PROFESSIONAL LICENSE

1. Mark all of the following professional or occupational license(s) or certificates you possess.

- ☐ Emergency medical technician certification or mobile intensive care technician certification
- ☐ Federal communications commission license for the installation and maintenance of communications equipment
- ☐ FAA pilot's license
- ☐ Current pilot certification and instrument rating
- ☐ Commercial Driver's License (CDL)
- ☐ Law Enforcement Certification. Indicate what State
- ☐ Federal Law Enforcement Certification
- ☐ Certified Firearms Instructor
- ☐ Other law enforcement certificates (please list):

☐ Other licenses or certificates (please list):

2. Have you ever had a professional license revoked or suspended or been subject to any disciplinary action for any reason?

☐ Yes ☐ No

If "YES", please give details (including type of license, governing board and reason for revocation, suspension or disciplinary action):

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

Please list the knowledge, skills, and abilities you possess and believe to be relevant to the position you seek, such as canine handling, computer skills, fluency in language(s), etc.:

EXPERIENCE AND EMPLOYMENT

1. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held during the past 10 years (list no information prior to your 15th birthday). For the purpose of this form, volunteer work should be included as employment. For identification and verification please indicate the nature of the activity; i.e. full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided. Please photocopy the following form if you need additional space. **DO NOT REFER TO A RESUME FOR THIS SECTION!**

From: _____ To: _____ ☐ Employed ☐ Military Service ☐ Not Employed
Month/Year Month/Year

Title: _____ ☐ Full-Time ☐ Part-Time ☐ Volunteer

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Hourly Wage: _____

Duties: _____

Name & Title of Supervisor: _____

Reason for leaving: _____

From: _____ To: _____ ☐ Employed ☐ Military Service ☐ Not Employed
Month/Year Month/Year
Title: _____ ☐ Full-Time ☐ Part-Time ☐ Volunteer
Name of Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Hourly Wage: _____
Duties: _____

Name & Title of Supervisor: _____
Reason for leaving: _____

From: _____ To: _____ ☐ Employed ☐ Military Service ☐ Not Employed
Month/Year Month/Year
Title: _____ ☐ Full-Time ☐ Part-Time ☐ Volunteer
Name of Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Hourly Wage: _____
Duties: _____

Name & Title of Supervisor: _____
Reason for leaving: _____

From: _____ To: _____ ☐ Employed ☐ Military Service ☐ Not Employed
Month/Year Month/Year
Title: _____ ☐ Full-Time ☐ Part-Time ☐ Volunteer
Name of Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone Number: _____ Hourly Wage: _____
Duties: _____

Name & Title of Supervisor: _____
Reason for leaving: _____

3. ☐ Yes ☐ No May we contact your present employer during the preliminary selection process?

If "NO", please explain:

Before a final offer of employment is made, we will contact your current employer.

4. ☐ Yes ☐ No Are you now or have you ever been engaged in any business as an owner, partner or corporate member?

If "YES," please explain (include dates, what type of business, what type of business entity—corporation, partnership, etc., and your role and share in the business):

5. ☐ Yes ☐ No Have you ever been disciplined at work (discipline includes dismissal, suspension with or without pay, demotion, written reprimand or reduction in pay for disciplinary reasons)?

If "YES," please explain (include when, name of employer, and why):

6. ☐ Yes ☐ No Have you ever been a successful or unsuccessful candidate for another position requiring law enforcement powers?

If "YES," please give details (include when, name of agency, and circumstances):

7. ☐ Yes ☐ No Law enforcement officers must be able to work on nights, weekends, and holidays. Are you willing to work nights, weekends, and holidays?

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| <ul style="list-style-type: none">▪ Please print this questionnaire, sign, and mail to: PMB 0141-1, Bureau of Personnel, 500 E Capitol Ave, Pierre, SD 57501 or fax to BOP at 605.773.4344 before September 11, 2009.▪ If you have any questions, contact Eric Hildebrandt at the Bureau of Personnel at 605.773.3169 or via email. |
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ATTENTION - THIS STATEMENT MUST BE SIGNED

I understand that making a false or misleading statement or omitting relevant information during the application and selection process may be the basis for removal from the selection process, dismissal from employment, or other disciplinary action after I am hired. **Final candidates will be subject to a polygraph examination prior to appointment.**

I further understand that any employment tendered me will be contingent upon the results of a pre-employment screening and fitness examination.

I am aware that willfully withholding information or making false statements on this application can be the basis for removal from employment with the State of South Dakota.

I agree to these conditions and I hereby certify that my responses on this application are true and complete, to the best of my knowledge.

Signature of Applicant

Date